

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: OUR HOUSE ASSISTED CARE (0009286)

Address: 201 WEST MADISON ST, CAMBRIDGE, WI 53523

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096747 **End Date:** 04/12/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008359 Served 04/18/2006

Deficiencies Cited
50.065(2)(b)intro

Subject Area
ENTITY BACKGROUND CHECK REQUIREMENTS

Compliance
Verified

Corrected

Survey ID: 0092140 **End Date:** 03/08/2004 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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